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| | 1 990 (2018) Edgemoor Club, INC. | 52-030 | 1645 | F | Page 2 |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------|--------|--------------|
| Par | tilling Statement of Program Service Accomplishments | - | | | |
| | Check if Schedule O contains a response or note to any line in this Part III . | | | | X |
| 1 | Briefly describe the organization's mission. | | | | |
| | The organization was formed to provide tennis, swim and social | event_fac: | <u>ilitie</u> | s_to | |
| | its members | | | | |
| | | | | | |
| | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | prior | _ | _ | |
| | Form 990 or 990-EZ? | | Yes | X | No |
| | If "Yes," describe these new services on Schedule O. | | | _ | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program s | services? | Yes | X | No |
| | If "Yes," describe these changes on Schedule O. | | | _ | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program service | ervices, as mea | sured by | expen | ses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati and revenue, if any, for each program service reported. | ions to others, t | the total e | expens | ses, |
| | and revenue, if any, for each program service reported. | | | | |
| 4 - | (Code:) (Expenses \$ including grants of \$) | (Revenue \$ | | | |
| 4 a | · | · _ | | | ' |
| | The club has programs to support each departmental mission - t | ennis, sw. | rm and | | . <i>– –</i> |
| | social. | | | | |
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| 4 b | (Code:) (Expenses \$ including grants of \$) | (Revenue \$ | | |) |
| | | · _ | | | <u> </u> |
| | Tennis: The club has mens, womens and kids teams and tournament | s on eight | | | |
| | courts. One hundred seventy five to two hundred twenty five me | s on eight | | | |
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| | courts. One hundred seventy five to two hundred twenty five me | s on eight | | | |
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Form 990 (2018) Edgemoor Club, INC. [Partity Checklist of Required Schedules

| | | | Yes | No |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. | 1 | | Х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part l | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part Il | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| ā | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | х | |
| t | Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х |
| C | Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | X |
| c | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | х |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| Ŀ | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | Х |
| 8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | X |
| Ь | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |

Form 990 (2018) Edgemoor Club, INC.

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> . | 23 | x | |
| 24 : | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | х |
| ı | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| (| Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | İ |
| (| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | |
| I | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| ā | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| I | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | х |
| (| An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV . | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i> | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| t | olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance | | | \Box |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1 a 0 | | | |
| ŧ | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| • | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | Х | |
| BAA | | | 990 (| 2018) |

Form 990 (2018) Edgemoor Club, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-----------------|
| 2: | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | | |
| | ments, filed for the calendar year ending with or within the year covered by this return 2a 32 | | | |
| 1 | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Х | ļ |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | X | |
| | o If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | | |
| 4 8 | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| ı | o If 'Yes,' enter the name of the foreign country. ► | <u> </u> | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | l | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. | 5 a | | Х |
| ı | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Х |
| • | : If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | х |
| l | olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| ā | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | |
| ŧ | olf 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| (| Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | - | | |
| | Form 8282? | 7 c | | - |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7е | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | | | |
| ٠ | as required? | 7 g | | |
| ŀ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h. | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | _ | | |
| _ | organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | — | <u></u> i |
| - | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 a 9 b | | |
| | Section 501(c)(7) organizations. Enter | 30 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a 957, 325. | | | ŀ |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 17, 062. | | | 1 |
| | Section 501(c)(12) organizations. Enter | | | 1 |
| a | Gross income from members or shareholders | | | ŀ |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| | of f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | l |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 12- | | |
| а | · | 13a | | i |
| | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in | | | l |
| | which the organization is licensed to issue qualified health plans. Enter the amount of reserves on hand 13b | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | -┰ ⁻ |
| | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N. | 15 | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | <u></u> |
| _ | if 'Yes,' complete Form 4720, Schedule O. | | | |
| AA | | | 000 / | 2010 |

52-0301645 Form 990 (2018) Edgemoor Club, INC. Page 6 Rart VI M Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? See Schedule Q 6 Х 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch 0 Х stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 a Х $\overline{\mathbf{X}}$ b Each committee with authority to act on behalf of the governing body? 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . Х 15 a X b Other officers or key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b **Section C. Disclosure** 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O

State the name, address, and telephone number of the person who possesses the organization's books and records

| Form | 990 | (2018) | Eddemoor | Club | TNC |
|------|------|--------|------------|-------|-------|
| | ,,,, | 12010 | TUGGETTOOT | CIUI, | TINC. |

52-0301645

⊃aαe **7**

Partivill Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | | (C) | | · | | | | | | |
|-----------------------|---------------------------------------------------------------------|-----------------------------------|-----------------------|---------|-------------------|---------------------------------|--------|-------------------------------------|------------------------------------------|-------------------------------------------------|
| (A) Name and Title | (B) Average hours per | 15 | s both dir | ector | officer /trust | • | | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other compensation |
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) Larry Kelley | 7 | | | | | | | | | |
| President | 0 | X | | Х | | | | 0. | 0. | 0. |
| (2) Jim Eisner | 7 | | | | | | | | | |
| Vice President | 0 | Х | | Х | _ | \sqcup | _ | 0. | 0. | 0. |
| _(3) Pat Delaney | 7 | l | | | | | | | | |
| Treasurer | 0 | X | | Х | | | _ | 0. | 0. | 0. |
| _(4) Claire Merril | 7 | | | | İ | | | | | _ |
| Secretary | 0 | Х | | | | | | 0. | 0. | 0. |
| (5) Ann Witkowsky | 7 | ļ | | | | | | | | |
| Secretary | 0 | Х | | Х | | | | 0. | 0. | 0. |
| _(6)_Beth_Sodie | 7 | | | | | | | | | |
| Secretary | 0 | Х | | | | | _ | 0. | 0. | 0. |
| | 7 | | | | | | | | | |
| Secretary | 0 | Х | | | | | | 0. | 0. | 0. |
| (8) Mary Gardiner | 0 | | | | | | | | | |
| Manger | 0 | | | | | Х | | 96,600. | 0. | 0. |
| (9) Andrew Orban | 0 | | | | | | i | | | |
| Head Tennis Pro | 0 | | | | | Х | | 148,036. | 0. | 0. |
| (10) Adilson Ventura | 0 | | | | | | | | _ | _ |
| Maint Director | 0 | | | | | X | _ | 109,140. | 0. | 0. |
| (11) James Shepard | 0 | | | | | | | | _ | _ |
| Tennis Director | 0 | | | | | Х | | 112,338. | 0. | 0. |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | · | |
| (14) | | | | | | | | | | |
| | | | | | | | | | | |

Page 8

| Part VII Section A. Officers, Directors, Tr | | Key | En | ıple | oye | es, | ane | d Highest Con | pensated Em | ployee | S (cont | inued) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------|-----------------------|--------------|---------------|---------------------------------|------------|----------------------------------------|------------------------------------------|--------|--------------------------------------------------------------|---------|
| | (B) | | | • | C) | | | | | | | |
| (A) Name and title | Average hours per | box | , unle | ess po | erson | than is bot or/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from | | (F) stimated | |
| | week (list any hours for related organiza - tions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | or | npensati from the ganization nd relate janizatio | on d |
| <u>(15)</u> | - | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | - | | | | | | | | | | |
| (18) | | - | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | - | | | | | | | | | | |
| 1 b Sub-total | | | | | | | ▶ . | 466,114. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Secti | on A | | | | | | . . | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited | I to those I | sted | abov | ve) v | who | recei | ved | 466,114. more than \$100,00 | 0 of reportable com | | n | 0. |
| from the organization > 3 | | | | | | | | | ·· | | V | |
| 3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such | tor, or tru | stee, | key | em em | ploy | /ee, | or h | iighest compensat | ed employee | 3 | Yes | No X |
| For any individual listed on line 1a, is the sum of the organization and related organizations greated. | f reportabl | le co | mpe 00? | nsa If 'Y | tion 'es.' | and | oth | er compensation t te Schedule J for | from | | | |
| such individual 5 Did any person listed on line 1a receive or accru | e compen | satıo | n fro | om a | any | unre | late | d organization or | ındıvıdual | 4 | | X |
| for services rendered to the organization? If 'Yes | s,' comple | te Sc | hed | ule | J fo | r suc | h p | erson | | 5 | X | |
| Section B. Independent Contractors 1 Complete this table for your five highest compen compensation from the organization. Report compensation from the organization. | sated inde | epend | dent | cor | ntrac year | tors endii | tha | t received more th | nan \$100,000 of ganization's tax yea | nr. | | |
| (A) Name and business add | | | | | | - | | (B) Description o | | | C) insatio | 'n |
| | | | | | | | | | | | | |
| | | | | | | | | | | | - | |
| 2 Total number of independent contractors (including t | out not limi | ted to | tho | ا می | sted | abo | /e) v | who received more | than | | | |
| \$100,000 of compensation from the organization | | | | " | | | , ' | | | | | |

| | | Check if Schedule O | contains a | resp | onse or note to an | y line in this Part V | <u> </u> . | | |
|--------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------|----------------|---------------------------------------|--------------------|-----------------------|----------------------------------------|-----------------------------------------|------------------------------------------------------|
| | | · | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ıts Its | 1 a | Federated campaigns | | 1 a | | | | | |
| ra H | b | Membership dues | | 1 b | 957,325. | 1 | | | |
| ڲٙ؆ | C | Fundraising events | | 1 c | |] | | | |
| £Έ | d | Related organizations | | 1 d | | 1 | | | |
| S E E | e | Government grants (contribution | ons) | 1 e | | İ | | | |
| 8 2 | | All other contributions wifts a | rante and | | | 1 | | | |
| 돌 | | All other contributions, gifts, g similar amounts not included a | above | 1 f | | | | | |
| 真互 | g | Noncash contributions included | in lines 1a-1f | \$ | | 1 | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | h | Total. Add lines 1a-1f | | - | . • | 957,325. | | | , |
| | | | | | Business Code | | | | |
| Program Service Revenue | 2 a | Tennis | | [| 713940 | 312,708. | 312,708. | | |
| æ | b | | | | 713940 | 46,380. | 46,380. | | |
| <u>.</u> 2 | С | Swimming | | | 713940 | 42,272. | 42,272. | | |
| Š. | d | Social | | | 713940 | 26,899. | 26,899. | | |
| Ē | е | Clubhouse Rent & Cl | harges | _ [| 713940 | 12,406. | 12,406. | | |
| <u>B</u> | f | All other program service | | | WKS | 10,053. | 10,053. | - | |
| Ę | g | Total. Add lines 2a-2f | | _ | • | 450,718. | | | |
| | 3 | Investment income (incl | uding divid | ends | s, interest and | | | | |
| | | other similar amounts) | | | | 6,678. | | | 6,678. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | bond proceeds. | | | | |
| | 5 Royalties (i) Real (ii) P | | | • • • • • • • • • • • • • • • • • • • | | | | | |
| | _ | | (ı) Real | | (II) Personal | | | | |
| | | Gross rents | | | | | | | |
| | | Less: rental expenses | | | | | | | |
| | | Rental income or (loss) | | | 1 | | | | |
| | d | Net rental income or (los | | | 43.045 | | | | |
| | / a Gross amount from sales of | | (II) Other | | | | | | |
| | | assets other than inventory | | | | | | | |
| | b | Less: cost or other basis | | | | | | | |
| | | and sales expenses Gain or (loss) | | | | | | | |
| | | Net gain or (loss) | | | <u> </u> | | | _ | - |
| | | | | | | | | | - |
| ue | 8 a | Gross income from fund | raising eve | nts | | | | |] |
| /en | | of contributions reported | l on line 1c | _ | | | | | |
| ا ا | | See Part IV, line 18 | | ,. a | | | | | |
| -i | h | Less: direct expenses | | b | | | | | |
| Other Reven | | Net income or (loss) from | m fundraisii | _ | 1 | | | | |
| ٠ | | • • | | • | Tonia | | - | | |
| | 9 а | Gross income from game See Part IV, line 19 | ing activitie | s. a | | | | | |
| | | Less direct expenses | | b | | | | | |
| | | Net income or (loss) from | m gaming a | ctivi | ities . | | | | |
| | | | | | | | | | i |
| | ıva | Gross sales of inventory and allowances | , less returi | ıs a | ı | | 7 | ž I | |
| | b | Less: cost of goods sold | | b |) | | | | |
| | | Net income or (loss) from | | nver | ntory | | | | |
| | | Miscellaneous Revenue | | | Business Code | | | | |
| Ì | 11 a | Misc. financial | income | . - | 713940 | 13,188. | 13,188. | 1 | |
| | b | | | | | | | | |
| | c | | | - | | | | | |
| | d | All other revenue | | 7 | | | | | |
| | е | Total. Add lines 11a-11d | l | _ | • | 13,188. | | | 1 |
| | 12 | Total revenue. See instru | uctions | | ▶ | 1,427,909. | 463,906. | 0. | 6,678. |

| Par | t IX 📑 Sta | tement of Functional Expens | ses | | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------|-------------------------------------|---------------------------------------|
| Sect | ion 501(c)(3) | and 501(c)(4) organizations must con | | | omplete column (A). | |
| | <u>-</u> | Check if Schedule O contains a r | esponse or note to any | / line in this Part IX | | |
| | | amounts reported on lines nd 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | organizatio See Part IV | | | | | |
| 2 | Grants and individuals. | other assistance to domestic See Part IV, line 22 | | | | |
| 3 | organization | other assistance to foreign is, foreign governments, and for- luals. See Part IV, lines 15 and 16 | | | | |
| | Compensat | aid to or for members tion of current officers, directors, and key employees | 0.1 | | | |
| 6 | Compensat | tion not included above, to persons (as defined under (8(f)(1)) and persons described (958(c)(3)(B) | 0. | | | |
| 7 | Other salar | ies and wages | 625,275. | | | |
| 8 | (include se | an accruals and contributions ction 401(k) and 403(b) ontributions) | 333,333 | W. | | |
| 9 | Other empl | oyee benefits | | | | |
| 10 | Payroll taxe | es | 47,805. | | | - " |
| 11 | Fees for se | rvices (non-employees). | | | | |
| | Manageme Legal | nt | 104,070. | | | |
| | Accounting | | 7.400 | | | |
| | Lobbying | · | 7,490. | | | |
| | , , | undraising services. See Part IV, line 17 | | · · - · · · · · · · · · · · · · · · · · | | |
| | | management fees | | | | |
| | | 11g amount exceeds 10% of line 25, column | | | | |
| _ | (A) amount, li | st line 11g expenses on Schedule 0.) and promotion | 4,660. 2,259. | | | |
| | Office expe | ' - | 10,398. | | | |
| | · | technology | 1,690. | | | |
| | Royalties. | | 1,030. | | | |
| | Occupancy | _ | | | | |
| | Travel | · | 669. | | | |
| 18 | Payments of | of travel or entertainment or any federal, state, or local als | 003. | | | |
| 19 | Conference | s, conventions, and meetings | | | | |
| 20 | Interest | Ī | 149,768. | | | |
| 21 | Payments t | o affiliates | | | | |
| 22 | Depreciatio | n, depletion, and amortization. | 153,561. | | | |
| 23 | Insurance | | 25,491. | | | |
| | covered about 1 line 24e. of line 25. | nses. Itemize expenses not ove (List miscellaneous expenses if line 24e amount exceeds 10% column (A) amount, list line 24e in Schedule O.). | | | | |
| а | Club Soci | lal Events | 56,819. | | | |
| b | Member Ch | narges - Snack Bar Ops | 46,405. | , <u>, , , , , , , , , , , , , , , , , , </u> | | |
| | | <u> </u> | 40,213. | | | |
| | | narges - tennis opsg | 31,323. | | | |
| | All other ex | | 124,646. | | | |
| 25 | Total function | al expenses. Add lines 1 through 24e | 1,432,542. | | | |
| | the organization to organization costs from the compaign and the compaign and the companization control of the companization control of the companization control of the companization control of the companization control of the companization control of the companization control of the companization control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control | Complete this line only if ation reported in column (B) from a combined educational and fundraising solicitation. If following ASC 958-720) | | | | |

Form 990 (2018) Edgemoor Club, INC 52-0301645 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1,168,885 1 1,386,512 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 465,981 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 140 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 5,874,506 10b 10 c 4,817,400. b Less accumulated depreciation 4,962,847 057,106 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 71,291. 14 79,405 15 15 Other assets, See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,211,277 6,741,184 Accounts payable and accrued expenses 17 17 18 Grants payable 18 217,378 19 Deferred revenue 19 838,500. 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 jabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 3,885,657. 3,984,035 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 26,314 38,110. Total liabilities. Add lines 17 through 25 4,227,727. 26 4,762,267. Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34.

27 Unrestricted net assets 1,983,550 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ò 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

32 33 1,983,550 1,978,917. 6,211,277 34 6,741,184. Form 990 (2018)

1,978,917.

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

TEEA0111L 08/03/18

| COLL | n 990 (2016) Eagemoor Club, INC. | 02-03016 | 145 | Г¢ | aye 12 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|----------|-------------|
| Pa | rt XI` Reconciliation of Net Assets | | _ | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,4 | 127, | 909. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,4 | 132, | <u>542.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 633. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . | 4 | 1,9 | 983, | <u>550.</u> |
| 5 | Net unrealized gains (losses) on investments . | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses . | 7 | | | |
| 8 | Prior period adjustments . | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O). | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) † XII Financial Statements and Reporting | | 1,9 | 978,9 | 917. |
| Pai | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | П |
| _ | · · · · · · · · · · · · · · · · · · · | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | 100 | | r. |
| | If the organization changed its method of accounting from a prior year or checked 'Other ' explain | | _ . | | : : |
| | in Schedule O. | | 4 | <u> </u> | لسنا |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | <u> </u> | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both | ewed on a | 4 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| ŧ | were the organization's financial statements audited by an independent accountant? | | 2 b | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sej | parate | 3.4 | » , e | . 1 |
| | | | ,,,,, | . : | 1 |
| | | | | <u> </u> | لنـــا |
| • | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aireview, or compilation of its financial statements and selection of an independent accountant? | udit, | . 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | , i | | • • |
| 3 a | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Tart XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant? If the organization changed eith | | | | Х |
| t | | audıt | . 3b | | |

TEEA0112L 08/03/18

Form 990 (2018)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Employer identification number

Edgemoor Club, INC. 52-0301645 Partils Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year). Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Nο impermissible private benefit? Yes Rart II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a 2 b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part্যায়ে Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items ►Ś a Revenue included on Form 990, Part VIII, line 1 **⊳**\$ b Assets included in Form 990, Part X

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | 112,631. | | 112,631. |
| b Buildings . | | 5,524,284. | 840,818. | 4,683,466. |
| c Leasehold improvements | | | | |
| d Equipment | | 237,591. | 216,288. | 21,303. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) | must equal Form 990, Part X, c | column (B), line 10c) | • | 4,817,400. |

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Schedule D (Form 990) 2018

| RartiVIII Investments — Other Securities. | L'Vas' on Form 000 | N/A N Part IV Juna 11b Say | Form 990 Part V June 12 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | | Cost or end-of-year market value |
| | (b) book value | (C) Wethou of Valuation. | cost of enu-or-year market value |
| Financial derivatives Closely held equity interests. | | | |
| (3) Other | | | |
| | | | |
| (A) (B) | | | |
| | | | |
| (C) (D) | | | |
| (E) | | | |
| | | | |
| (F) | | | |
| (G) (H) | | <u>-</u> . | |
| (l) | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIIII Investments — Program Related. | | N/A | |
| Complete if the organization answered | 'Yes' on Form 990 |). Part IV. line 11c. See | Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | | ost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | - | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) | | | |
| | | | |
| PartiX Other Assets. | N/A | | 5 |
| PartilX Other Assets. Complete if the organization answered | 'Yes' on Form 990 |), Part IV, line 11d. See | Form 990, Part X, line 15. |
| Partiix Other Assets. Complete if the organization answered (a) Des | N/A 'Yes' on Form 990 scription |), Part IV, line 11d. See | Form 990, Part X, line 15. |
| Complete if the organization answered (a) Des | 'Yes' on Form 990 |), Part IV, line 11d. See | Form 990, Part X, line 15. |
| Complete if the organization answered (a) Des (1) (2) | 'Yes' on Form 990 |), Part IV, line 11d. See | Form 990, Part X, line 15. |
| Complete if the organization answered (a) Des (1) (2) (3) | 'Yes' on Form 990 |), Part IV, line 11d. See | Form 990, Part X, line 15. |
| Complete if the organization answered (a) Des (1) (2) | 'Yes' on Form 990 |), Part IV, line 11d. See | Form 990, Part X, line 15. |
| Complete if the organization answered (a) Description (a) (b) (c) (3) (4) | 'Yes' on Form 990 |), Part IV, line 11d. See | Form 990, Part X, line 15. |
| Complete if the organization answered (a) Description (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | 'Yes' on Form 990 |), Part IV, line 11d. See | e Form 990, Part X, line 15. (b) Book value |
| Complete if the organization answered (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Des | 'Yes' on Form 990 |), Part IV, line 11d. See | e Form 990, Part X, line 15. (b) Book value |
| Partiix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) | 'Yes' on Form 990 |), Part IV, line 11d. See | Form 990, Part X, line 15. (b) Book value |
| Complete if the organization answered | 'Yes' on Form 990 scription |), Part IV, line 11d. See | (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) | 'Yes' on Form 990 scription |), Part IV, line 11d. See | Form 990, Part X, line 15. (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. | 'Yes' on Form 990 scription B) line 15) | • | (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Column (b) Part X Column (c) Complete if the organization answered 'Yes' on Figure 1 | 'Yes' on Form 990 scription 3) line 15) orm 990, Part IV, line 1 | • | (b) Book value |
| Complete if the organization answered (a) Description of liability Other Assets. Complete if the organization answered (a) Description of liability | 'Yes' on Form 990 scription B) line 15) | • | (b) Book value |
| Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b) (a) Description of liability (1) Federal income taxes | "Yes' on Form 990 scription B) line 15) orm 990, Part IV, line 1 | e or 11f. See Form 990, Part | (b) Book value |
| Complete if the organization answered (a) Des (b) (c) (a) (c) (a) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | 'Yes' on Form 990 scription 3) line 15) orm 990, Part IV, line 1 | e or 11f. See Form 990, Part | (b) Book value |
| Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b) (a) Description of liability (1) Federal income taxes | "Yes' on Form 990 scription B) line 15) orm 990, Part IV, line 11 (b) Book value 8,57 | e or 11f. See Form 990, Part | (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Complete if the organization answered 'Yes' on Financial income taxes (2) Accrued Interest payable (3) Credit Card payable (4) (5) | "Yes' on Form 990 scription B) line 15) orm 990, Part IV, line 11 (b) Book value 8,57 | e or 11f. See Form 990, Part | (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (2) Accrued Interest payable (3) Credit Card payable (4) (5) (6) | "Yes' on Form 990 scription B) line 15) orm 990, Part IV, line 11 (b) Book value 8,57 | e or 11f. See Form 990, Part | (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on Final (a) Description of liability (1) Federal income taxes (2) Accrued Interest payable (3) Credit Card payable (4) (5) (6) (7) | "Yes' on Form 990 scription B) line 15) orm 990, Part IV, line 11 (b) Book value 8,57 | e or 11f. See Form 990, Part | (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on Final (a) Description of liability (1) Federal income taxes (2) Accrued Interest payable (3) Credit Card payable (4) (5) (6) (7) (8) | "Yes' on Form 990 scription B) line 15) orm 990, Part IV, line 11 (b) Book value 8,57 | e or 11f. See Form 990, Part | (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on Final (a) Description of liability (1) Federal income taxes (2) Accrued Interest payable (3) Credit Card payable (4) (5) (6) (7) (8) (9) | "Yes' on Form 990 scription B) line 15) orm 990, Part IV, line 11 (b) Book value 8,57 | e or 11f. See Form 990, Part | (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) (a) Description of liability (1) Federal income taxes (2) Accrued Interest payable (3) Credit Card payable (4) (5) (6) (7) (8) (9) (10) | "Yes' on Form 990 scription B) line 15) orm 990, Part IV, line 11 (b) Book value 8,57 | e or 11f. See Form 990, Part | (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Final Description of liability (1) Federal income taxes (2) Accrued Interest payable (3) Credit Card payable (4) (5) (6) (7) (8) (9) (10) (11) | "Yes' on Form 990 scription "B) line 15) orm 990, Part IV, line 1 (b) Book value 8, 57 29, 53 | e or 11f. See Form 990, Part | (b) Book value |
| Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Rartix Other Liabilities. Complete if the organization answered 'Yes' on Fi (a) Description of liability (1) Federal income taxes (2) Accrued Interest payable (3) Credit Card payable (4) (5) (6) (7) (8) (9) (10) | 3) line 15) orm 990, Part IV, line 1 (b) Book value 8, 57 29, 53 | e or 11f. See Form 990, Part 2. 8. | (b) Book value X, line 25. |

| Schedule D | Form 990 | 0'2018 | Ėdgemoor | Club. | TNC |
|------------|----------|--------|----------|-------|-----|
| | | | | | |

52-0301645

Page 4

| Part XI Reconciliation of Revenue per Audited Financia | I Statements With Revenue per Return. | N/A |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------|
| Complete if the organization answered 'Yes' on F | form 990, Part IV, line 12a. | |
| 1 Total revenue, gains, and other support per audited financial stater | ments . 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | |
| a Net unrealized gains (losses) on investments | 2a | |
| b Donated services and use of facilities | 2 b | |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIII.) | 2 d | |
| e Add lines 2a through 2d . | | |
| 3 Subtract line 2e from line 1 | . 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a • | |
| b Other (Describe in Part XIII.) | 4 b | |
| | 4 c | |
| c Add lines 4a and 4b. | '- | |
| c Add lines 4a and 4b5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Page 1) | | |
| | rt I, line 12.) 5 | n. N/A |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par | rt I, line 12.) 5 al Statements With Expenses per Return | n. N/A |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part'XII' Reconciliation of Expenses per Audited Financia | rt I, line 12.) 5 al Statements With Expenses per Return | n. N/A |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F | al Statements With Expenses per Return form 990, Part IV, line 12a. | ı. N/A |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F 1 Total expenses and losses per audited financial statements | al Statements With Expenses per Return form 990, Part IV, line 12a. | ı. N/A |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, PartiXII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | al Statements With Expenses per Return form 990, Part IV, line 12a. | n. N/A |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities | al Statements With Expenses per Return form 990, Part IV, line 12a. | n. N/A |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities Prior year adjustments | rt I, line 12.) al Statements With Expenses per Return form 990, Part IV, line 12a. 2 a 2 b | n. N/A |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses | rt I, line 12.) al Statements With Expenses per Return form 990, Part IV, line 12a. 2 a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | n. N/A |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities Prior year adjustments Cother losses dother (Describe in Part XIII.) | rt I, line 12.) al Statements With Expenses per Return form 990, Part IV, line 12a. 2 a | n. N/A |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d | rt I, line 12.) al Statements With Expenses per Return form 990, Part IV, line 12a. 2 a 2 b 2 c 2 d 2 e | n. N/A |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 | rt I, line 12.) al Statements With Expenses per Return form 990, Part IV, line 12a. 2 a 2 b 2 c 2 d 2 e | n. N/A |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) | al Statements With Expenses per Return form 990, Part IV, line 12a. 2a 2b 2c 2d 2e 3 | n. N/A |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b | 2a 2b 2c 2d 2e 3 4a 4b 4c | n. N/A |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part XII) Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yes' on F 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2e 3 4a 4b 4c | n. N/A |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Schedule D (Form 990) 2018

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Edgemoor Club, INC.

Employer Identification number 52-0301645

| Pai | rt I Questions Regarding Compensation | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----|-----|----|
| | | | | Yes | No |
| 1 : | a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any rele | f the following to or for a person listed on Form 990, Part vant information regarding these items. | | | |
| | First-class or charter travel | Housing allowance or residence for personal use | | | |
| | Travel for companions | Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Personal services (such as maid, chauffeur, chef) | | | |
| _ | | | l | | |
| ı | o If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described | ollow a written policy regarding payment or I above? If 'No,' complete Part III to explain . | 1 b | | |
| 2 | Did the organization require substantiation prior to reimbursi trustees, and officers, including the CEO/Executive Director, | | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used CEO/Executive Director. Check all that apply. Do not check a establish compensation of the CEO/Executive Director, but e | any boxes for methods used by a related organization to | | | • |
| | Compensation committee | Written employment contract | | | i |
| | Independent compensation consultant | Compensation survey or study | | | |
| | Form 990 of other organizations | X Approval by the board or compensation committee | | - | |
| | | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, organization or a related organization. | , Section A, line 1a, with respect to the filing | , | | |
| á | Receive a severance payment or change-of-control payment | 1? | 4 a | | Х |
| | Participate in, or receive payment from, a supplemental non | • | 4 b | | Х |
| • | Participate in, or receive payment from, an equity-based con | • | 4 c | | X |
| | If 'Yes' to any of lines 4a-c, list the persons and provide the | applicable amounts for each item in Part III. | : | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization | ns must complete lines 5-9. | - | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did t contingent on the revenues of: | the organization pay or accrue any compensation | | | |
| ē | The organization? | | 5 a | | |
| t | Any related organization? | •• | 5 b | | |
| | If 'Yes' on line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did to contingent on the net earnings of. | the organization pay or accrue any compensation | | | |
| a | The organization? | | 6 a | | |
| t | Any related organization? | | 6 b | | |
| | If 'Yes' on line 6a or 6b, describe in Part III. | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe | did the organization provide any nonfixed in Part III | 7 | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or a to the initial contract exception described in Regulations sect | accrued pursuant to a contract that was subject | | | • |
| | If Yes,' describe in Part III | | 8 | | |
| 9 | If 'Yes' on line 8, did the organization also follow the rebuttable processor 53 4958-6(c)? | resumption procedure described in Regulations | | | |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Page 2

Edgemoor Club, INC.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | F | 2 map 1000 0 (0) | 30M 0001 -/ F 6 M 3 F F G (4) | | | | | |
|--------------------|----------|------------------------------|-----------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------|-------------------------------|----------------------------|
| | | (D) Dicaknowii u | W-2 and 0 / 035-1410 | compensation | (C) Retirement | (D) Montavable | (F) Total of | (F) Componention |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | and other deferred compensation | benefits | columns(B)(I)-(D) | deferred on prior |
| Mary Gardiner | Θ | . 009, 96 | 0. | 0 | | 0. | 96, 600. | 0. |
| 1 Manger | (ii) |]] | | 0 | 0 | 0. | 0 | .0 |
| | (0) | 15,000. | 0. | 133,036. | 0 | 0. | 148,036. | |
| 2 Head Tennis Pro | (ii) | | | | 0 | 0. | | |
| | ε | 109,140. | | 0 | | 0. | | 0 |
| 3 Maint Director | € | 0. | | 0. | 0 | 0. | 0 | |
| James Shepard | Θ | 12,000. | 0. | 100,338. | 0 | 0. | 112,338. | |
| 4 Tennis Director | € | 0. | |] | 0. | 0. | 0 | 1 |
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| 9 | (ii) | | | | | | | |
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| | Θ | | !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! | | | 1 1 1 | | |
| 16 | € | | | | | | | |
| ВАА | | | TEEA4102L 10/29/18 | 81 | | | Schedule. | Schedule J (Form 990) 2018 |

Schedule J (Form 990) 2018 - Edgemoor Club, INC. Part III - Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Edgemoor Club, INC

Employer Identification number

52-0301645

Form 990, Part III, Line 4d - Other Program Services Description

Social: The club has a program of about eight to twelve social activities per year - Dances, Dinners etc. The clubroom and kitchen are rented to memebers for private evetns

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Regular and senior members have voting rights. Social, non resident, and honorary members do not have voting rights.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

Regular and senior members have voting rights to elect members of the governing body. Social, non resident, and honorary members do not have voting rights

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Regular and senior members have voting rights to approve decisions of the governing

body. Social, Non-reisdent, and honorary members do not have voting rights.

Form 990, Part VI, Line 11b - Form 990 Review Process

The organization does not provide a copy of the Form 990 to all members of its governing body before filing the form. The treasurer reviews and signs the From 990. The governing body is provided with copies of the financial statements which are discussed at board meetings.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization makes its governing documents and financial statements available to the public on its website.